Champions4Children Walk 2012

I AM WALKING FOR: **Madison County Child Advocacy Center**
(PLEASE PRINT) **MAKE CHECKS PAYABLE TO CACI**

Name _____

Email (required) _____

Telephone (W) _____(H) _____

Bring Collected Pledges to the Walk

Please Bring Collected Pledges to the walk on May 12th!

Sponsor's Full Name	Email Address	Street Address	City/State	Zip	Cash	Ck	Amount

Total pledges this page _____

_____
Signature of participant

_____
Parent or guardian's signature if less than 18 years of age

Total all pages _____